

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Jim Tracy for Congress

Full Name (Last, First, Middle Initial)

MIKE HOLLINGSHEAD

A.

Mailing Address 3120 ALLEN BERRETT RD

City

MURFREESBORO

State

TN

Zip Code

37129-7475

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SMYRNA READY MIXOccupation  
BUSINESS OWNER

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5200.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		26		2013

Transaction ID : SA11.734B

Amount of Each Receipt this Period

-2600.00

CONTRIBUTION

[MEMO ITEM]  
REDESIGNATION TO GENERAL

Full Name (Last, First, Middle Initial)

MIKE HOLLINGSHEAD

B.

Mailing Address 3120 ALLEN BERRETT RD

City

MURFREESBORO

State

TN

Zip Code

37129-7475

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SMYRNA READY MIXOccupation  
BUSINESS OWNER

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

5200.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		26		2013

Transaction ID : SA11.735

Amount of Each Receipt this Period

2600.00

CONTRIBUTION

[MEMO ITEM]  
REDESIGNATION FROM PRIMARY

Full Name (Last, First, Middle Initial)

ROGER R. HOPKINS

C.

Mailing Address 702 EAST MAIN STREET

City

MURFREESBORO

State

TN

Zip Code

37130-3943

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NATIONAL HEALTH INVESTORS, INC.Occupation  
CHIEF ACCOUNTING OFFICER

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		24		2013

Transaction ID : SA11.791

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

250.00